



Acute Stroke Treatment/Transfer Questionnaire

Patient w/ moderate to large stroke (mNIHSS \geq 4)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Symptom onset or last seen normal < 6 hrs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient hemodynamically stable	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient/family desire aggressive resuscitation efforts	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient is without significant dementia	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient is without end stage, terminal illness	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient is not a Nursing Home resident/ Dependent ADLs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient would be a good candidate for major surgical procedures (CABG, Total Hip etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If “NO” to any of the above, the patient would generally not be considered a treatment candidate but may be considered for transfer to a facility that provides a higher level of care.	

Transfer Protocol

Initiate Transfer protocol ASAP to avoid unnecessary delays

Contact ED of receiving facility and ask for ED physician or Neurologist on-call

Provide the following details when communicating with receiving facility:

1. Symptom onset time or last seen normal in as much detail as possible
2. mNIHSS Score
3. Presence of atrial fibrillation
4. Whether patient is taking warfarin or not
5. BP, glucose and pertinent lab work
6. EKG results

Keep NPO

Follow BP parameters closely

Fax documents to receiving facility

1. Acute Stroke Orders form
2. Modified NIH Stroke Scale form
3. Labs when available
4. EKG